

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047187

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 5735 Registrar's No. 1945

STATE FILE NUMBER

FILED DEC 26 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Butler		a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fisk, Ash Hill		c. CITY OR TOWN Fisk, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) 6 mi. s. Fisk, Mo.		d. STREET ADDRESS (If outside, give location) Six Mi. So. Fisk, Mo.	
3. NAME OF DECEASED (Type or print) John Chester Hayes		4. DATE OF DEATH 12/9/63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/11/05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction & Farmer		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME Lewis Hayes		14. NAME OF HUSBAND OR WIFE Letha (Gully) Hayes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Unknown		17. INFORMANT Letha Hayes Rt. 1 Fisk, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line - (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		Sudden	
IMMEDIATE CAUSE (a) Coronary Thrombosis		Sudden	
DUE TO (b) Artery Thrombosis		Sudden	
DUE TO (c)		Sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour, a.m., p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-15-63 to 11-15-63 and last saw him alive on 11-15-63		Death occurred at 10 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) M.D.		22b. ADDRESS 321 Oak Poplar Bluff Mo	
22c. DATE SIGNED 12-13-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/11/63		23c. NAME OF CEMETERY OR CREMATORY Mole Hill Cemetery	
23d. LOCATION (City, town, or county) Butler Co.		Mo.	
24. FUNERAL DIRECTOR J.C. White Fisk, Mo.		25. DATE REC'D. BY LOCAL REG. 12-12-1963	
26. REGISTRAR'S SIGNATURE Thelma Graham			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 7 1964

DEC 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.